

her fighting spirit and tireless crusade on behalf of consumer rights. She was always looking out for the consumer, for public health, campaign finance reform, some of these still sound familiar, civil rights, and environmental conservation. She also played a critical role in President Johnson's war on poverty.

She became known as a principled consensus-builder with the political will to tackle the country's most pressing problems. After cancer took her husband's life, Maurine Neuberger led the fight in the Senate to put warning labels on all the cigarette packages, so when we read those today, that the Surgeon General has determined smoking may be hazardous to our health, she wrote that and made that happen.

At the time of her fight against the tobacco companies in the early sixties, her efforts were considered bold and radical first steps in educating the public on the dangers of smoking.

Senator Maurine Neuberger epitomized what public service is all about. We are going to miss her in this State. Again, she was a role model for the Nation. If all of us would just follow in her footsteps, we would have a better Nation.

THE HIGH COST OF HEALTH INSURANCE AND PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, earlier today I had a group of small business people in my office. One of the concerns that they talked about was the high cost of health insurance. Recently, I have had several meetings with senior citizens. One of the things they talk about is the high cost of prescription drugs. The two issues are related, whether we realize it or not.

Over the last 4 years, for example, the cost of prescription drugs in the United States has gone up by 56 percent. In fact, in the last year alone, the cost of prescription drugs here in the United States has gone up by 16 percent. One of the reasons that health insurance costs are going up so much in the last year or two here in the United States is the cost of prescription drugs.

While we are talking about what we can do to make prescription drugs more available to seniors through Medicare, it seems to me we also have to be looking at why it is that prescription drugs are so expensive in the United States.

I have been doing some research. I have gotten a lot of help from my friends, some friends at the University of Minnesota, the Minnesota Senior Foundation. We have heard a lot about these bus trips that are going up into Canada to buy drugs. The more I have

studied it, the more I realize that we in the United States are paying far too much for prescription drugs.

I believe in a reasonable profit. I do not believe in additional government regulation. But I also do not believe that we should be taken for fools by the large prescription drug companies.

Let me give some examples. One of the most commonly prescribed drugs in the United States is a drug called Prilosec. Prilosec is given to people who have ulcer conditions and some other acid reflux conditions and so forth. A 30-day supply of Prilosec in Minneapolis, Minnesota, sells for \$99.50. That same drug made in exactly the same plant with the same FDA approval in Winnipeg, Manitoba, sells for \$50.88. That is a tremendous bargain. Interestingly enough, that same drug in Guadalajara, Mexico, made in exactly the same plant under exactly the same FDA approval, sells for \$17.50.

Mr. Speaker, it really is time for Congress to do what we thought we did with the North American Free Trade Agreement. That is to open up our borders. My vision is that American consumers, and particularly seniors, could go to their local pharmacy with their local pharmacist who could set up a correspondent relationship with a pharmaceutical supply house in either Canada or Mexico, and ultimately we would force the drug companies to allow Americans to enjoy world market prices for prescription drugs.

Let me give some more examples of commonly-prescribed drugs. I might say to Members, this is available. Just call my office. This is a newsletter that was put out by an independent group called the Life Extension Foundation, the title of which is, "Are We to Become Serfs of the Drug Monopoly?"

They talk about what is happening here in the United States compared to the rest of the world in terms of the prices we pay for prescription drugs. For example, a commonly-prescribed drug, Synthroid, in the United States, a 30-day supply sells for an average of \$13.84. That same prescription for exactly the same drug made in exactly the same plant in Europe sells for \$2.95. Coumadin, which is a drug my dad has to take, it is a blood thinner. In the United States, coumadin, the average price for a 30-day supply is \$30.25. In Europe, that same drug made by the same company in the same plant with the same FDA approval sells for \$2.85.

Mr. Speaker, it is time for the Congress to take action. The first thing I would recommend Members to do is call my office and we will send them out a copy of this newsletter. They can find out for themselves the difference we see in prescription drugs.

Secondly, I would ask Members to sign on to my bill, H.R. 3240, which simply allows for the importation of drugs into the United States without FDA intervention, drugs that are currently approved by the FDA.

Mr. Speaker, do not take my word for it. Actually, the Canadian government has done some of the research for us. The latest research, and I have a copy of it, from the Canadian government, confirms that drug prices in Canada on average are 56 percent less than they are in the United States.

The Federal government last year spent \$15 billion on prescription drugs. If we could realize just some of the savings by opening up our markets to competition and bringing our prices into line with world prices, we could have more than enough money to open up the benefit to people who are currently not covered for prescription drugs on Medicare. If we could save 30 percent, 30 percent of \$15 billion, Mr. Speaker, is \$4.5 billion. That would go a long way to making certain that every American had access to affordable prescription drugs.

The time has come to take action. I encourage my colleagues to join me in support of H.R. 3240.

THE MILITARY FAMILY FOOD STAMP ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES of North Carolina. Mr. Speaker, back in March I introduced H.R. 1055. The title is, the Military Family Food Stamp Act. I sent last week a Dear Colleague to my colleagues in the Congress, both Republican and Democrat, asking them to join me in this effort. As of today, we have 91 cosponsors from both sides of the political aisle.

Mr. Speaker, I bring this photograph of this Marine, who is getting ready to deploy for Bosnia, because he represents 60 percent of the families in the United States Armed Forces who are married. He has standing on his feet his daughter Megan, and also in his arms he has his daughter Bridget.

According to a 1995 Pentagon study, we have an estimated 12,000 military families on food stamps. Mr. Speaker, I personally feel that one family on food stamps is one too many. It is unacceptable.

Last week I received a letter from the Fleet Reserve Association endorsing this bill. I would like to read parts to the Members. It is written and signed by the National Executive Secretary, Charles Calkins.

He wrote, and I quote, "The Fleet Reserve Association strongly supports your bill, H.R. 1055, the Military Family Food Stamp Tax Credit Act. The legislation would amend the Internal Revenue Code to allow a \$500 refundable tax credit to certain low-income members of the Uniformed Forces."

"The unfortunate fact that junior enlisted members must rely on food stamps reflects the inadequacy of military compensation. Although there was